

HEALTH, DENTAL and LIFE INSURANCE RATES EFFECTIVE 01-01-2010

MEDICAL		ACTUAL MONTHLY RATE	TOWN MONTHLY SHARE	MONTHLY EMPLOYEE SHARE	52 WEEKS EMPLOYEE SHARE	44 WEEKS EMPLOYEE SHARE	42 WEEKS EMPLOYEE SHARE	38 WEEKS EMPLOYEE SHARE	26 WEEKS EMPLOYEE SHARE	21 WEEKS EMPLOYEE SHARE	10 MONTH EMPLOYEE SHARE
PLAN NAME											
NETWORK BLUE ENHANCED VALUE (HMO)		COBRA		75%	25%	25%	25%	25%	25%	25%	25%
Individual	\$549.79	\$539.01	\$404.26	\$134.75	\$31.10	\$36.75	\$38.50	\$42.55	\$62.19	\$77.00	\$161.70
Family	\$1,441.90	\$1,413.63	\$1,060.22	\$353.41	\$81.56	\$96.38	\$100.97	\$111.60	\$163.11	\$201.95	\$424.09
BLUE CARE ELECT ENHANCED VALUE (PPO)		COBRA		75%	25%	25%	25%	25%	25%	25%	25%
Individual	\$1,245.54	\$1,221.12	\$915.84	\$305.27	\$70.45	\$83.26	\$87.22	\$96.40	\$140.89	\$174.44	\$366.32
Family	\$3,096.91	\$3,036.19	\$2,277.14	\$759.05	\$175.16	\$207.01	\$216.87	\$239.70	\$350.33	\$433.74	\$910.86

DENTAL											
Dental Blue		COBRA		15%	85%	85%	85%	85%	85%	85%	85%
Individual	\$38.85	\$38.09	\$5.71	\$32.38	\$7.47	\$8.83	\$9.25	\$10.22	\$14.94	\$18.50	\$38.85
Family	\$100.36	\$98.39	\$14.76	\$83.63	\$19.30	\$22.81	\$23.89	\$26.41	\$38.60	\$47.79	\$100.36
Dental Blue PPO		COBRA		15%	85%	85%	85%	85%	85%	85%	85%
Individual	\$38.85	\$38.09	\$5.71	\$32.38	\$7.47	\$8.83	\$9.25	\$10.22	\$14.94	\$18.50	\$38.85
Family	\$100.36	\$98.39	\$14.76	\$83.63	\$19.30	\$22.81	\$23.89	\$26.41	\$38.60	\$47.79	\$100.36

LIFE INSURANCE		ACTUAL MONTHLY RATE	TOWN MONTHLY SHARE	MONTHLY EMPLOYEE/ RETIREE SHARE	MONTHLY SHARE FOR 52 WEEK 26 WEEK PAY CYCLES	MONTHLY SHARE FOR 10 MONTH 44, 42, 38 & 21 WEEK PAY CYCLES
BASIC LIFE			75%	25%		
ACTIVE EMPLOYEES \$7,500		\$10.50	\$7.88	\$2.63	\$2.63	\$3.16
RETIREES \$5,000		\$7.00	\$5.25	\$1.75	N/A	N/A
OPTIONAL DEPENDENT PLANS						
PLAN 1 @ 5,000/2,500/1,250					\$3.22	\$3.86
PLAN 2 @ 10,000/5,000/1,250					\$6.44	\$7.73

OPTIONAL SUPPLEMENTAL INSURANCE PLAN DEPENDS ON DOLLAR AMOUNT THAT EMPLOYEE CHOOSES. UP TO ONE TIMES ANNUAL EARNINGS LESS \$1.000 TO A MAXIMUM OF \$100.000

	COBRA	MONTHLY
LESS THAN AGE 40	\$0.23	\$.19 PER THOUSAND
AGES 40 - 49	\$0.53	\$.44 PER THOUSAND
AGES 50 - 59	\$1.12	\$.93 PER THOUSAND
AGES 60 - 69	\$2.24	\$1.87 PER THOUSAND
RETIREES <AGE 75	\$5.24	\$4.37 PER THOUSAND

MEDICARE SUPPLEMENT PLANS

Medicare Eligible Retirees & Spouses (Individual Plans Only)		ACTUAL MONTHLY	TOWN MONTHLY	MONTHLY RETIREE
MEDICARE HMO BLUE			87%	13%
	\$345.33	\$300.44	\$44.89	
MANAGED BLUE FOR SENIORS HMO			87%	13%
	\$431.04	\$375.00	\$56.04	
TUFTS COMPLEMENT HMO			87%	13%
	\$358.00	\$311.46	\$46.54	
MEDEX			75%	25%
	\$450.50	\$337.88	\$112.63	
MASTER MEDICAL SUPPLEMENT "A"			75%	25%
	\$1,070.00	\$802.50	\$267.50	
FALLON SENIOR**			87%	13%
	\$238.00	\$207.06	\$30.94	

** CLOSED FOR NEW ENROLLMENTS INTO PLAN

GROUP OPTIONAL INSURANCE - Active Employees & Retirees
 GROUP VOLUNTARY/DEPENDENT INSURANCE - Active Employees
 NON-GROUP PLAN C - Active Employees & Retirees
 NON-GROUP CANCER INSURANCE - Active Employees & Retirees
 NON-GROUP DISABILITY INSURANCE - Active Employees